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ABSTRACT

This manual outlines techniques for organizing and operating guided self-help groups for parents of drug-abusing young people. It is intended to be used by agencies working with youths, whose staff work cooperatively with parents needing the support provided by other parents experiencing similar problems. The manual shows parents how to improve their own psychological well-being, improve parent-child relationships, and set limits on the child's behavior. The role of the sponsoring agency in organizing the group is explained, and a sample agenda is outlined. Group activities and stages of group development are discussed. The appendix contains additional references including organizations that can provide further information. (JAC)

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National Institute on Drug Abuse

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Manual for Working With Parents of Adolescent Drug Users

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This manual is based in part on the results of a minisurvey of parent self-help groups in the Baltimore, Maryland, and Washington, D.C., metropolitan areas, as well as on the experiences of the Friends Medical Science Research Center, Inc., in conducting self-help groups with former narcotic addicts. Special acknowledgment is made to Carl Akins, National Association of State Alcohol and Drug Abuse Directors, Inc.; Ida Mae D. of Families Anonymous; Robert L. DuPont, Institute for Behavior and Health; and Robert Kramer, National Federation of Parents, for their advice and consultation in assisting us in completing this manual.

FOREWORD

The self-help movement has achieved increasing recognition for its contributions to health care and rehabilitation. The field of substance abuse has made a particularly rich investment in self-help initiatives, e.g., Alcoholics Anonymous, Narcotics Anonymous, and the therapeutic community, and it is the intent of this manual to elaborate an additional area in which the self-help movement can make contribution. Specifically, this manual is intended to aid in the development of self-help groups made up of the parents of adolescents being seen by community service agencies. A strategy is described for the development of a guided self-help group by a treatment or service agency, with the expectation that the self-help group initiated will continue to enjoy a close working relationship with that agency. In this way, parents and agency can be enabled to work closely together to deal with the problems of adolescents being seen by those agencies and to promote improved family functioning and understanding in support of the treatment and rehabilitation of those adolescents, and of the family itself. As will be described, the self-help group is not intended to replace agency efforts in treatment to its adolescent clients. The guided self-help group is uniquely situated to provide continuing support, encouragement, and advice to its members during the time of their children's care and beyond.

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ABSTRACT

This manual outlines techniques for organizing and operating guided self-help groups for parents of drug-abusing young people. The manual is intended for use by agencies working with youths, whose staff would work cooperatively with parents needing the support provided by other parents with similar problems.

An immediate achievement goal of these guided parents' self-help groups is the improvement of parents' psychological well-being via an increase in knowledge, problem sharing, and mutual support. The ultimate goal, an expected outcome of that improvement, is enhancement of parent-child relations deriving from diminished parental confusion, distress, guilt, and frustration as parents learn to interact with their drug-abusing children less emotionally and to set limits on the young people's behavior.

Benefit to the agency will also result, since a more informed parent will be able to complement the agency's work with the youths, and thus foster a more effective and coordinated treatment regimen.

MANUAL FOR WORKING WITH PARENTS OF ADOLESCENT DRUG USERS

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INTRODUCTION

This manual is directed toward agencies working with adolescents receiving treatment or counseling services. Those agencies may be community mental health centers, drug abuse programs, schools, juvenile courts, or other social service or public health facilities. Agencies are very likely already aware of problems experienced by parents of young people who engage in drug-related activities and may wish to establish an effective helping network to work with these parents. This may be achieved by initiating the organization of a self-help group for parents concerned with drug abuse as it affects their children. This manual suggests procedures for organizing a parents' guided self-help group.

Groups for Parents of Drug Abusing Children

The group will be directed predominantly toward helping parents cope with their own reactions to drug abuse in their children and with the problems they are experiencing within the family, and toward increasing each member's capacity to deal effectively with his or her drug-abusing child. The self-help group as described here first focuses on helping troubled parents to help themselves, and then on helping those parents to help the young people as well. It is expected that benefits will accrue to the sponsoring agency and to the community as a whole, deriving from informed, cooperating, and contributing parents.

Groups to Complement Work of Agencies

Such groups would therefore complement the work already being done by the agency, but would not engage in or provide group therapy. It should be noted that the professional treatment community and self-help groups are both on the same "helping" continuum, striving toward a common goal; therefore, their interaction should be complementary rather than competitive. Parents' groups enable the agency to: (1) expand its own treatment services network while providing parents a much-needed forum, one that will diminish the distance between the professional community and those most directly affected by drug abuse, (2) enlist the support of parents in reinforcing the treatment regimen prescribed for their children, and (3) receive valuable feedback about the course of the problem and prescribed remedies, thus allowing the agency to adjust its treatment regimen if needed. Agencies are frequently frustrated by their inability to have an impact on a problem because of a lack of parental concern and involvement. On the other hand, parents can feel isolated from the workings of

agencies dealing with their children. Parent self-help groups can increase the dialog between those most directly involved with the drug abuse problem and fill some of the "cracks" through which the adolescent might otherwise slip.

Medical Problems and Self-Help Groups

The complementary interaction between the professional community and self-help groups can be illustrated by the relationship of the medical community with the self-help groups that have emerged from it. A number of self-help groups have emerged under professional direction (e.g., doctors and clergy) to assist individuals and families wrestling with a wide range of medical disorders. These groups may function independent of professional supervision or may be coordinated through a medical center with assistance and support from professional medical staff. Medical personnel view such groups as a vital component in assisting individuals in recovering from or controlling the disorder, in learning to cope with the course and consequences of the illness, and in learning appropriate methods of self-treatment (e.g., administration of insulin to control diabetes, proper diet and exercise to facilitate recovery from or prevention of heart disease, and even the use and function of dialysis equipment).

How Groups Help Medical Professionals

Further, such groups provide individuals and their families with support and understanding during times of crisis and need. The groups also support the medical community by freeing the medical staff to handle matters that only they can handle, by providing information about the course and consequences of the illness, and assisting in fundraising, public information, and research efforts. Individuals involved with these groups have provided the medical community with valuable information concerning patient needs, while providing themselves and their families a much needed resource for support, information, and preventative assistance. Finally, the groups have opened the lines of communication between physician and patient, and this in turn has provided patients with information and has reduced the "mystique" and fear surrounding the disorder. Such groups clearly do not practice medicine, just as the self-help groups described here do not practice psychotherapy. Both kinds of groups complement, rather than substitute for, the work of the medical or treatment professional.

THE SELF-HELP CONCEPT

Commonalities Among Self-Help Groups

The self-help movement has become a large, flourishing, and rapidly growing one, particularly successful in problem areas for which individuals have encountered difficulty in finding help. The range of problems toward which self-help groups are directed is extensive, as Gartner and Riessman describe (1977). Despite the wide range of problems addressed by self-help groups, traditionally they share certain common characteristics.[1]

> Self-help group members are peers in that they share a common problem/need/handicap.
>
> Self-help groups are formed by the members for the purpose of meeting together to deal with/overcome their shared problem/need/handicap and to initiate a desired change (social and/or personal).

[1] Described in National Institute on Drug Abuse, Nonresidential Self-Help Organizations and the Drug Abuse Problem: An Exploratory Conference (Rockville, Md.: the Institute, 1978), p. 6.

Self-help group members perceive that the needs inherent in their shared problem/need/handicap are not being met by or through the established resources.

A self-help group provides help and support through its members' efforts, skills, knowledge, and concern.

The help and support process always involves face-to-face interactions and engaging in some actions.

The members are responsible for and have control of the groups. This aspect implies that the group is financed and operated by its members, not professionals or government agencies.

If professionals and government agencies are involved, they function only in a secondary role and at the pleasure of the members.

Contributions of Professionals to Self-Help Groups

Gartner and Riessman (1980) have cited a number of contributions to be made by professionals in encouraging the growth and development of self-help groups, which are relevant to the development of a complementary and sustained interaction between the professional community and those being served. These contributions are:

1. Creating groups
2. Making referrals
3. Consulting to groups
4. Strengthening support networks
5. Developing indigenous helping networks
6. Conducting research

One general area upon which self-help groups focus is that of "substance abuse," as evidenced by the development of groups such as Alcoholics Anonymous, Narcotics Anonymous, and Smokenders.

Concerns of Parent Self-Help Groups

In addition, self-help groups have proven important in dealing with a variety of parenting issues. Parent groups exist to provide support and assistance regarding such children's problems as psychological and physical disabilities, incurable disease, hospitalization, child and sexual abuse, homosexuality, and "seduction" by religious sects. Moreover, a number of major self-help groups of parents concerned with children's use of drugs are already in existence; these include Families Anonymous, Families in Action, Tough Love, Pride, and Parents Who Care.

Substance Abuse Parent Groups

Families Anonymous is a national network of self-help groups; the major goal is service to parents and other close relatives of drug abusers and of youths with associated behavior problems such as rebelliousness and running away. A major technique used by all Families Anonymous groups consists of clearly structured "12 Steps" with a strongly spiritual theme, similar to those of Alcoholics Anonymous, applied in attempting to alleviate the guilt, despair, anxiety, and frustration common among spouses, parents, siblings, and others close to drug abusers. A primary principle involves encouraging these family members to reduce their overprotective behavior and their sense of being responsible for the drug-abusing individuals. As expressed by Families Anonymous members (1971):

> We learned that the drug user's illness affects the lives of everyone close to him--and that we, too, needed help. We discovered many of our efforts to control or change the situation were often unintentionally enabling or encouraging this person to continue a self-destructive pattern. . . . Families Anonymous is designed for us--the parent, spouse, child, or other emotionally involved relative or friend. . . . Those emotionally involved with the user, especially the next of kin, need support and counsel if the disease is to be arrested and recovery initiated. Otherwise, everyone involved becomes emotionally ill.

This quotation illustrates the decidedly structured orientation of Families Anonymous, which is directed toward eliciting specific kinds of changes in the behavior of group members for the ultimate purpose of helping the drug-abusing family member.

In contrast, Families in Action does not focus upon the behavior and emotions of family members and users, but rather is directed toward community action for the prevention and eradication of drug abuse. Its orientation states:

> The purpose of Families in Action is to educate parents, children, and those in the community who have decisive influence on young people about the rising use of drugs by youngsters, the commercial and social pressures that encourage such behavior, and the social, psychological, and physiological consequences of drug use to this age group in order to: stop drug use among children and teenagers, counteract the pressures in society that condone and promote drug use, and create a drug free environment in the home, school, and community for the healthy growth of children.
>
> (Rusche 1979)

Activities of Families in Action involve interaction with a wide and varied range of community groups, on whom pressures are exerted to eliminate the presentation of positive propaganda for drug use and the sale of drug-related materials.

Unique Aspects of Guided Self-Help Groups

The guided self-help group presented in this manual differs from other types of parent self-help groups that are already functioning in the drug abuse field in two major ways: (1) the group would be initiated by an agency and remain in close working harmony with the agency; and (2) the group would be specifically oriented toward providing support for parents of children with drug abuse problems and would promote improved relations between parents and their children. The group will afford parents the opportunity to recognize and devise strategies to resolve the emotional consequences of parenting drug-abusing children. The group would be open ended toward this endeavor and would evolve to meet the needs of the specific membership within this framework. The guided self-help group would not be bound by the spiritually oriented 12 steps of Families Anonymous nor would it be committed to social (community) action, as is Families in Action.

Specific Concerns of these Parent Self-Help Groups

Self-help groups of parents of drug-abusing adolescents may deal with a variety of questions and mutual concerns, including many of the following: setting limits on their children's behavior and peer associations, obtaining information about drugs and drug abuse and treatment resources, learning how to respond to crisis situations such as overdoses or violent behavior resulting from adverse drug reactions, preventing drug involvement of other children in the family, and determining parental legal rights and responsibilities.

ORGANIZING THE GROUP

The work of starting a group must be initiated by the sponsoring agency. Occasionally, but infrequently, parents may solicit aid from a sponsoring agency in starting a group.

STAFF

Staff Worker Qualifications

A member of the staff of the sponsoring agency, such as a recreation leader, juvenile court counselor, teacher, or school counselor, is assigned to take responsibility for initiating the group and/or helping it to become organized and stabilized, and for continuing to work with the members for mutual benefit to the group and the agency. The staff person should be selected carefully and should have the following qualifications:

1. Prior experience in community organization or group work
2. Skill with different styles of guidance and/or leadership
3. Knowledge of drugs and drug-related problems
4. Knowledge of community resources
5. Knowledge of family dynamics and parenting skills
6. Knowledge of self-help groups and concepts
7. Finally, although the agency from which the worker comes will be one whose focus is on youths, it is extremely important that the worker be able to identify with parents and avoid reflecting or expressing excessive loyalty to the youths. It is vital for the worker to be supportive of the parents and to appreciate their problems.

Workers to be Alert for Members' Special Problems

Although the staff worker is not expected to provide therapy to group members, and in fact would be discouraged from any attempt to do so, he or she will need to be highly sensitive to warning signals that some members may need more formal and structured therapy than the group is designed to provide. Permitting members with serious individual problems to continue in the group may weaken any benefits that ought to accrue to other members from their participation, and could even conceivably create conditions that cause a group to function to the detriment of some members. The worker may find it necessary to refer parents to other community resources for help that the group is not structured to provide. Examples of such situations include extremes of behavior, bizarre behavior, child abuse, suicidal tendencies, indications that the parent is so overwhelmed that he or she cannot cope, or the parent's own drug or alcohol abuse, which interferes with the group's or the child's progress.

RECRUITMENT

The First Group Members

Group members initially consist of parents whose children are being served by the agency. One of the earliest steps in instituting the parents' self-help group consists of identifying three or more parents whose behavior indicates that they are likely to be receptive to the idea of participating in a group of this kind. Suggestive behaviors that indicate potential responsiveness on the part of parents could include interest in their children's activities in the agency/school program, regular attendance at family therapy sessions, initiating contact

with agency workers or responding to requests for such contacts, and expression of concern about drug issues. Further, parents who have worked together or interacted in some other way within the agency setting ought to be considered likely candidates for recruitment as a potential core group. The worker's approach to these parents would address their probable interest in relating to other parents of such children, for the sharing of mutual concerns. Each parent may know of another possible contact or recruit who shares similar concerns. It is desirable for the worker to meet with each prospective group member to discuss the agency's interest in helping a parent group to get started.

THE FIRST MEETING

Preparation for First Meeting

The first meeting should be held when five or more individual parents or parents from at least three different families indicate a definite interest and are able to attend. (A group smaller than five may be insufficient to stimulate conversation, or to provide the opportunity for minimal anonymity preferred by some participants.) It is possible that parents may wish to alternate in their attendance, with the mother attending one week and the father the next. While the reasons for this may be legitimate, it should be discouraged, since it is likely to disrupt the flow and progress of the group. If couples are to be involved, it is preferable for them to participate together. Should that not be possible, consideration could be given to having them participate in separate groups, rather than risk disrupting the progress of the group with alternating attendance.

Location of Meeting

Before the meeting, the day, time, and place of the meeting should be carefully chosen by the staff person in consultation with the interested parents. The meeting place may be located in the quarters of the sponsoring agency, particularly in the case of a school or recreation agency (if youth activity is not likely to disturb the meeting). However, if the sponsoring agency is a correctional one, such as a juvenile court or probation office, the possible negative connotations and associations of such a setting may make a different choice of meeting place preferable. Churches and schools are often responsive to requests from community groups for use of their facilities for this kind of activity.

Transportation To and From Meeting

Arrangements should be checked by the staff person before the meeting. He or she may arrange for prospective members to travel to and from meetings together, by car pooling, sharing cabs, walking together, or by public transportation. This serves several purposes: It lessens the chance that potential members will decide against attending the first meeting, provides early stages of social bonding, and gives support to people who dislike traveling alone. The same strategy may be employed as is used by Alcoholics Anonymous as well as by other self-help groups. These groups develop a "buddy system" that makes pairs of individuals responsible for getting one another to each meeting. This diminishes the likelihood that members will slip away and also gets members involved in "doing" at an early stage.

Preparing the Agenda

The worker may want to consult with interested parents regarding the agenda prior to the first meeting. There may also be parents who are able to take a leadership role in the beginning. If not, the worker should be prepared to lead the group initially and help set preliminary goals for the group. If some suggestions from parents seem inappropriate for the first meeting, the worker should give firm guidance with respect to the agenda. For example, the worker may point out that the suggested activity might better be taken up at a later meeting because it is peripheral to the group's current primary focus.

Questions to Stimulate Early Discussion

The worker may also wish to use a list of questions that can spark discussion in the event that members are hesitant to talk. The worker could consider some of the following as a means of stimulating discussion:

1. In what way(s) do you feel a parents' self-help group could be of assistance to you? What needs and expectations are you bringing to the group?

2. Have you had any prior self-help exposure or experiences? What have you gotten from these experiences? What have you gotten from these experiences that may be of assistance to the members of this group?

3. What concerns or questions do you have about drugs and drug abuse?

4. What impact or effect has a drug-abusing child had upon other siblings?

Agenda of First Meeting

A suggested agenda for the first meeting may include the following:

1. Brief and informal self-introduction (perhaps using first names only) of those present. Those wishing to remain anonymous should certainly be permitted to do so, without comment.

2. Discussion of group purpose and goals. What do members see as the purposes and functions of the group?

3. The worker also should plan to bring up the issue of confidentiality, to insure that members do not discuss other members' family affairs outside of meetings. To this end, the worker may establish several ground rules for the group:

   a. Things discussed or revealed by members are to remain within the group and are not to be used as community gossip.

   b. Members should be advised to reveal no more about themselves than they can safely handle.

   c. The group worker should model the desired behavior by declining to discuss members' personal affairs when those members are not present.

4. Presentation by the worker of agency views on drug problems. (This could include a brief talk by an executive of the agency.)

5. Spontaneous and/or worker-initiated discussion that may include participants' reasons for coming to the meeting, feelings about children on drugs, and goals of the group.

6. Arrangements and plans for a second meeting.

7. Informal socialization and refreshments.

Seating Arrangements and Introductions

The worker will probably open the meeting (although in a group started by parents, this might be done by one or more of the core group). He or she should arrive at the meeting place ahead of the scheduled time, in order to place the chairs, preferably in a circle or around a table so that all participants can see one another, and to greet each incoming recruit. When all expected participants have arrived, the worker should introduce himself or herself, including a brief mention of his or her agency affiliation, and should briefly and succinctly outline the agency's purpose and goals for sponsoring the

Presentation of Agency Views

group. This could include a discussion of the agency's views on youths and drugs, and how the agency and the parents' group can work together in combating the problem. An agency executive could follow this with a reiteration of key elements of the worker's presentation, to reinforce the agency's commitment, and to encourage parent interest and involvement. In setting the stage for facilitating group interaction, the worker should then suggest that participants introduce themselves and also describe their reasons for coming to the meeting, as well as what they hope and expect to get from the group.

Early Role of Worker

During the initial meetings, the worker role will be the most challenging, as the climate of the group's needs is established. For the most part, however, the worker will function as a facilitator. In this role, the worker should utilize the principle of parsimony, and exercise no more control and influence on the group than is absolutely necessary, to insure free and open expression by the members. The worker's major contribution may be to summarize and synthesize the parents' offerings: their information, feelings, opinions, and suggestions.

Spontaneous Parent Discussion

Concurrently or subsequently they may be encouraged to express and share their feelings about their children and drug abuse. A major portion of time should definitely be available for unstructured discussion, so that participants may feel free, if they wish, to air their most burdensome emotions. Parents whose children have become involved with drugs are likely to be suffering great distress stemming from their anxiety, guilt, frustration, denial, uncertainty, etc. They will find relief from some measure of their pain in being able to express its nature and source to those who share their experiences and can empathize with them. In fact, this is one of the great benefits of self-help groups, and may be highly therapeutic. Those who are unable to publicly express and/or reveal their feelings at this early stage may nonetheless be somewhat eased by the discovery that they are not alone in the kinds of burdens they carry; this may in fact be the key to their returning to subsequent meetings of the group rather than dropping away after the first meeting. A parent who hears another parent echo his or her own feelings, concerns, and anxieties is more likely to want to stay around long enough to hear more.

Group Purposes and Goals

A primary objective early in this meeting is the articulation of group purposes and goals. While the agency, and in turn the worker, may have certain expectations of the group, ultimately it will be the members themselves who establish primary purposes and goals for participation. Staff should anticipate, and cue in upon, the typical purposes and goals for parents' participation in self-help groups. These are most typically:

1. Support. Parents will no doubt express the need for mutual support and reinforcement. Having wrestled alone with feelings of guilt and failure, parents will express the need for an empathic and warm environment through which they can realize that they are not alone with the problem. Through such realization, parents can gradually come to express their inner turmoil, while learning from the experiences of others.

2. Information and Education. Parents may express great confusion, if not ignorance, about drugs and drug abuse, and they will be hungry for reliable information. Such information may come from other parents' experiences and "lessons learned," training in communication skills and parenting skills, guest speakers, films, and drug abuse literature.

3. Prevention. Some parents may want to prevent drug use in the younger siblings of their drug-abusing teenager. They may wish

to learn how they can keep these youngsters from identifying with their older siblings and from identifying with drug-abusing peers.

4. Social Action. An additional area of concern of some parents may be the social conditions that have contributed to drug abuse. These parents may wish to initiate or become part of a social action group directed at affecting the availability of drugs and drug paraphernalia, influencing and strengthening legislative and police efforts at drug control, and disseminating information on the dangers of drug abuse. However, as we have said earlier, this would not be a primary focus of the guided self-help groups we are proposing. Thus, emphasis would be placed on the other three reasons for participation rather than on this type of involvement. Parents whose primary orientation leans toward social action should be referred to other groups stressing this interest.

Worker's Initial Leadership Role

In the early warming up stages of the group's development, it may be necessary for the staff member to be directive, though he or she must always be ready to listen, receive suggestions, and be generally receptive to member input. But unless the parents take the initiative, the staff worker must provide leadership in supplying the impetus to get the group started. Also, the worker may have to make initial decisions or at least offer concrete suggestions as to recruitment, membership, agenda, etc., if these are not readily forthcoming from initial members. However, the worker should step back from a leadership role as soon as possible without allowing the group to become aimless or to flounder, or to become self-destructive or static. The beginnings of such problems may be seen in members' failure to achieve consensus about purposes and goals; bickering and/or subgrouping; sporadic or declining attendance; trading superficial "gripes" rather than proposed solutions; discussion of other people, particularly those seen as responsible for members' problems; and expressions of pessimism.

Allowing Members Freedom to Contribute When Ready

The worker should also try to see that participants have an opportunity to express themselves if they wish to. The danger always exists, particularly in early meetings, that some participants will be discouraged from remaining with the group and returning for subsequent meetings either because they have felt overlooked or embarrassed, or because they were pressured to contribute before they were ready to do so. It may take some time for individuals to feel able to articulate their feelings or opinions. Members should be discouraged from challenging, criticizing, or disparaging what others say about their own experiences, since this may tend to make the more articulate individuals embarrassed about having revealed too much. These members may have later regrets and might be inclined to drop out of the group. In an instance of that sort, the worker might try to mitigate embarrassment (and prevent any later hesitancy to discuss feelings) by emphasizing that the emotions and experiences expressed are probably not unique to that member, even though no one else has expressed them yet.

Also, it is important to make opportunities for the slower, quieter, or more reluctant members to have their say, and to avoid permitting the early meetings to be monopolized by the most articulate and most dominant, who may consciously or unconsciously take command and direction of the group. If members do not control such monopolizing behavior on their own, it may be necessary for staff to constrain the monopolizers, although this must be done carefully, since such behavior may cover underlying anxiety, or suggest to others constraints on their behaviors.

This is not to say that the quieter and more reluctant members should be forced to participate. It is quite probable that these members

may be able to learn from listening to the more articulate and dominant members, and may come to realize that they are not alone and that it is "safe" to discuss the problems they have been wrestling with. Gradually, these more reluctant members may begin to express themselves and contribute to the group.

Worker to Reflect Member Views

The worker should be able to facilitate compatibility between the group's procedures and its purposes and goals by reflecting and summarizing the content and feeling of members' statements. From this, members should be able to achieve the desired direction and consistency. It is important for the worker to emphasize at the first or second meeting that procedures will be derived from the concerns and interests of participants. Should members fail to achieve consensus, or should incompatible procedures emerge, the worker may have to use a more directive approach, and possibly even exercise some degree of authority.

Agency Role with Worker

Group to Develop Own Objectives

The sponsoring agency should support the actions of the worker. The group will be encouraged to develop according to its own norms, and its members should not be made to feel that the group is designed by the agency to meet certain predetermined objectives of the agency rather than developing and meeting the group's own objectives. Thus, the agency should support the group in developing some autonomy and in developing in a variety of directions. In early stages, the staff member may reflect agency interests; ultimately, group members evolving toward self-determination will create their own purposes, activities, and agenda. These may reflect the goals discussed earlier.

Agreement About Next Meeting

Before the more formal part of the meeting comes to a close, participants should agree to meet again the following week or within a reasonably short interval. At the time that plans are made for the next meeting, an opportunity should be provided for a discussion of concrete problems parents may encounter in participating in meetings, such as difficulties concerning babysitters, conflicts with job responsibilities, or involvement in their children's activities. Solutions may be found through group discussion.

Identification of New Members

Participants may also consider identifying and approaching others who might be recruited to the group. Although having more than 10 individual participants in a self-help group tends to make the group unwieldly and may create problems of interaction, it may be wise to recruit more than 10 prospective members in the expectation that not all will continue with the group.

Handling Tasks for Next Meeting

In preparing for a second meeting, participants may identify an informal steering committee to handle arrangements for the meeting. Sharing of responsibility in handling group maintenance tasks (meeting site, membership, transportation, refreshments, etc.) is a vital first step in fostering group cohesion. Membership on the steering committee may become permanent or rotating as parents share responsibility for group perpetuation.

Differences in Commitment to Activities

An attempt may also be made to have other members who are willing to do so assign themselves some task for the next meeting, such as bringing an acquaintance to the meeting, tracking down information on some specific drug problem, or learning of possible other neighborhood groups working on drug issues. However, some participants may not feel ready to commit themselves to activities. This should be accepted--they should not be made to feel less adequate than the members who readily take on tasks. Tasks should be undertaken on a voluntary basis; not everyone is a doer. The group may otherwise lose recruits who really need what it offers, who may have other kinds of contributions to make, or who will contribute at a later stage.

Anonymous Opinions and Suggestions

As this meeting seems to be drawing to a close, but before the refreshment period, the worker may suggest that any participants wishing to do so may submit their anonymous written reactions to the meeting. These might include mention of what they particularly liked and disliked, what changes and/or additions or subtractions they would suggest, and which of their needs and expectations were or were not met. Additionally, a suggestion box may be made available at subsequent meetings (which could be brought by the worker) so that any further comments can be submitted by any member preferring to do so privately. These techniques offer an avenue for participation to those who are too shy or intimidated, particularly at early meetings, to make any vocal contributions, or who hesitate on the grounds that what they have to say may be unacceptable to the worker or other members, or may in some way be too disconcerting or revealing.

Duration of Meeting

Approximately 1½ to 2 hours may reasonably be allotted to the whole-group discussion period. An evening meeting should probably be planned to end not much beyond 9:30 p.m.; parents with very young children may prefer it to end even earlier. Some time should be reserved for the final informal period given over to socializing and refreshments. These informal closings following the guided discussion are valuable for more than simple recreational needs; members who are initially reluctant to participate actively during early meetings will often feel able to speak more freely on a one-to-one basis during these socialization periods, and will be encouraged to return because of the positive feelings engendered at these times.

BETWEEN THE FIRST AND SECOND MEETINGS

Preparation for Second Meeting

Before the second meeting, the worker should speak to each participant from the first meeting, either on the telephone or face to face, for the following purposes:

1. To get some feedback about the first meeting;

2. To remind each participant of the time and place of the next meeting and confirm that this is convenient; and

3. To check on the progress of the task, if any, undertaken by the participant, to offer helpful suggestions if help appears to be needed, and to prepare the participant, if necessary, to report at the coming meeting on the progress of that task.

If a steering committee was formed during the first meeting, in order to coordinate arrangements for subsequent meetings, the worker may meet collectively or talk on the phone with members of that committee, during this interim period, to insure that the previously discussed maintenance tasks are carried out in preparation for the second meeting. The worker should participate with the steering committee only if requested, or if problems develop that require staff intercession. It is important that members develop, as rapidly as possible, a sense of cohesion and responsibility for planning and conducting meetings.

Contact with Potential Recruits

The worker, preferably along with the group member making the referral, should also arrange to visit any potential recruits, introduce them to the initial work and goals of the group, and invite them to the upcoming meeting. Some member(s) of the core group should be put in touch with potential members to arrange to escort them to the meeting.

During this interval, the worker and agency may review their purposes and goals for implementing a parents' group in light of what

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they have learned from the parents, and taking into account parents' stated purposes and goals.

THE SECOND MEETING

Second Meeting

A second meeting will in all likelihood have been scheduled to be held within a short interval (preferably 1 week) of the first. This meeting may be opened by either the worker or one or more of the group's steering committee, depending upon the group's progress during the first meeting and its ability to function with minimal staff guidance.

Suggested Agenda for Second Meeting

A suggested outline for the second meeting may include:

1. Introduction of new members
2. Introduction of the guest speaker[2]
3. Reiteration of key purposes and goals identified from the first meeting (initiated either by the worker or the steering committee)
4. Continued discussion of these, and relevance to parents' needs
5. Identification of activities designed to further group purposes and goals (communication and parenting skills training, rap sessions, guest speakers, films, etc.)
6. Assignment of tasks (i.e., steering committee) to implement activities and group maintenance (meeting site, recruitment, refreshments, transportation, etc.)
7. Summary--staff or steering committee
8. Socialization/refreshments

Objective of This Meeting

A primary objective of this second meeting is the rearticulation of, and consensus about, group purposes and goals. As previously discussed, these should reflect three primary areas of concern and need (i.e., mutual support, information, and prevention).

Socialization Period

Defraying Its Costs

This meeting, and subsequent ones as well, should end with a period of socialization, with light refreshments available. It is advisable for the steering committee to assume responsibility for providing refreshments; the first step will probably consist of requesting contributions of money, food, and/or serving supplies and equipment. Initially, the sponsoring agency may be able to provide funds for these provisions; for subsequent meetings, a more permanent arrangement should be agreed on, such as levying small weekly dues.

Before the second meeting comes to a formal close, members should confirm or agree on a regular time and place for subsequent regular meetings.

SUBSEQUENT MEETINGS

Development of Autonomy

One question that the agency will have to answer early on involves the degree of autonomy the group will have. As previously stated,

[2] If decided upon at the first meeting. If a speaker is present, time must be allowed for questions and answers. The worker may provide a transition between the guest speaker and the next item on the agenda by pointing out the relevance of the speaker's comments to the group's purposes and goals.

the concept of self-help implies that the group will develop a life of its own and function independently of the agency. Nonetheless, it is hoped that the group and agency will recognize their interdependence and continue to be mutually supportive of one another. In fact, groups may exhibit varying gradations of dependency. Some may elect to sever all ties with the sponsoring agency; others may remain with the agency and require varying degrees of worker support at different stages of group evolution; and still others may remain totally dependent upon staff and require constant staff support. Some degree of autonomy is, however, desired since it is the members' responsibility to identify and articulate purposes and goals that reflect their particular needs and expectations.

Reducing the Worker's Role

Since the group is expected to become increasingly autonomous, and less dependent on the organizer-worker, the steering committee should be encouraged to assume responsibility for planning each meeting and for seeing to it that projects undertaken are worked on between meetings. Certainly this should be evident by the fourth meeting. The worker should be available for consultation and ideas but should begin gradually to withdraw from the catalyst-leader role. One technique for accomplishing this objective is for the worker to behave in an increasingly nondirective manner, and to reflect and feed back to the membership their opinions, feelings, and suggestions, whether openly expressed or tacitly implied. Ideally, this shift from leadership to guide-monitor role should be fully achieved in 3 to 6 months. In a group that has been functioning for this length of time, some feelings of cohesiveness among members should have developed, thus enhancing credibility and trust, and making it easier for them to turn to one another rather than to the worker-leader.

Distribution of Meeting Time

Allocation of time during meetings should be divided and balanced among several kinds of activities, such as (1) discussion of tasks and planning of projects, (2) discussion of members' children and their problems, particularly when drugs and delinquency are involved, (3) special projects such as speakers, and (4) interpersonal socialization before and after the formal meeting.

GROUP ACTIVITIES

Needs of Members

It should be recognized that different needs may be satisfied through group membership. Some members may ultimately want to turn a portion of their attention and energies to community projects and activities that coincide with the group's goals. The point at which activities should be discussed will depend on the nature of the group. However, the group should be allowed time to develop its mutual assistance functions well before becoming caught up in outside activities.

Projects should be "close to home" and should respond to and reflect parents' needs. Possible activities include the following:

Possible Activities and Projects

1. Information on drug use. Very soon, parents may feel the need to have a guest speaker to provide them with information and answer their questions. Possible topics for discussion might include some of the following:

Information About Drug Use

   a. Problems (social, educational, physical, emotional, etc.) related to and/or ensuing from drug use/abuse;

   b. Situations leading to drug use or related to it;

c. Behavior of users of various kinds of drugs (during their use as well as between and/or after periods of use);

d. Degree of use related to age and other characteristics of users, and to the nature of the specific drug;

e. Availability of drugs to the population of young people with which the group is concerned

   i. Where they are available

   ii. Chain of supply (in school, in the local community, in the larger community)

   iii. Kinds of drugs available

   iv. Cost

   v. Visibility

   vi. Difficulty or ease of obtaining drugs

f. Paraphernalia associated with drug use

   i. Types

   ii. Cost

   iii. Visibility

   iv. Ease of obtaining

g. Treatment opportunities available in the community.

What Help Is Available

2. Sources of Help. This is another activity that is also appropriate for an early stage of the group. It involves searching out and providing members with as much information as possible on community resources offering help to young people who have become involved with drugs. These resources might include mental health facilities (hospitals, clinics, private therapists), drug centers, counselors, self-help groups (such as Narcotics Anonymous and Families Anonymous), hotlines, rap groups, and community organizations that provide constructive alternatives for youths. The effort undertaken should be broad enough to encompass various forms of educational experiences, recreational opportunities, and the range of health and service functions appropriate to the needs of youths experiencing difficulty. Sources of help should be fully described as to location, telephone numbers (working hours and off-hours), hours of availability (hours open, hours for phone contacts), transportation routes to the facility, kinds of services provided, costs (if any), eligibility requirements, and the specific kinds of clientele (described as to their age, drugs used, etc.) for whom the services are most appropriate. When compilation of this information is complete, it could be printed and made available to group members and to the agency. Once the group has gathered all information on available help for drug-abusing youths, it may reach some conclusions about inadequacies in the extent of services, and, after considering unmet needs, may devise a project to work with agency representatives to consider appropriate services to meet those needs, or to set up their own hotline.

Learning About Needs of Youth

3. Survey. Another valuable early project that the group may consider undertaking is a survey of problems and needs of youths as these relate to the members' own concerns. A questionnaire might

be constructed, with the help of the worker and with possible suggestions from other agency spokespersons, emphasizing problems of drug use and ways in which these problems may be better understood and responded to by parents. The primary purpose of this survey is to allow parents to educate themselves about the needs of their children. The survey might be extended to solicit opinions on the issues from parents and other adults outside the group and possibly (anonymously) from youths as well. In general, a survey can serve to provide enlightenment and information about the problem, not only to parents but to the sponsoring agency as well, particularly if the latter is not a drug treatment facility.

Identifying Priority Projects

In acting on the results of the survey, the group can select one or two projects related to issues stressed in survey replies, if these issues have some potential for successful relevant action by the group. For example, parents may elect to set guidelines for handling certain behaviors of their children in the home, or they may consider inviting guest speakers to help educate themselves on areas of interest. The items below are illustrations of other projects that may be suggested by the survey. The group may wish to give priority to projects involving interaction with the sponsoring agency and directed toward the service given by the agency. Nevertheless, the sponsor should be prepared to honor and support projects and activities not directly related to its needs and expectations. The sponsoring agency should be flexible enough to permit the group to develop its own goals and activities, recognizing that long-range benefits can be gained from a mutually supportive and respectful relationship with the group.

Effects of Drug Abuse

4. Physical and Psychological Concomitants and Consequences of Drug Use. This project would be directed toward the acquisition of all available information on the effects of various kinds of specific drugs (marijuana, amphetamines, barbiturates, opiates, cocaine, LSD, and other hallucinogens, etc.) during their use, as well as short- and long-term effects following their use. Affected activities might include athletic performance, operation of a motor vehicle, intellectual performance, fine motor coordination and hand-eye skills, sex and reproduction, and enjoyment of life and leisure. Information on the interactive effects of specific drugs and alcohol, other drugs, and medications might also be included. A relevant reading and film list could be compiled as well.

   A logical outgrowth of the activity involved in collecting this information is the practical step of setting up a library for the parents' use, containing material appropriate to their interests and concerns. The library could develop and expand with the members' growing awareness and understanding and changing needs and interests.

The Law, Youth, and Drugs

5. Legal Ramifications of Drug Use by Youths. This project would obtain the following categories and kinds of information relevant to the legal aspects of drug use by youths:

   a. What are the rights of users and nonusers in school? What actions are permitted by the school authorities against users?

   b. What are youths' rights in the community; that is, what are the laws and punishments related to drug use and what are the rights of users in the criminal justice system?

   c. What are the legal rights of parents, in the family, the school, and the community? What actions are permitted to them with their own children, with other youths, with drug sellers, with merchants who sell paraphernalia, with school personnel, with police, with juvenile justice authorities, etc.?

d. What are the community's rights with youthful drug abusers? What are the rights of school personnel (teachers, principal, counselors) and merchants and what actions are they legally permitted?

Speaking Out About Drug Abuse

6. Publicity, Information, and Outreach. This category of activity may be related to several different aims and purposes. Since "outreach" essentially involves interaction with potential new members, publicity for this purpose may be carried out by a subcommittee concerned with membership. A further function of publicity, however, involves keeping parents, the agency, and other concerned individuals abreast of group activities. These goals may be aided by preparation of a flyer or pamphlet describing the group's purposes, goals, membership, and activities. Publicity may also take the form of posters describing the group, to be displayed and/or disseminated within the immediate community.

   Still another form of publicity may be provided at a later stage by a speaker's bureau, consisting of those who are willing and able to speak to outsiders about the group or on specific topics related to its activities. Members may include parents willing to share the experiences and knowledge they gained through self-help, or even parent-child teams reporting on what they have learned.

   A further useful form of publicity is a periodic newsletter, which serves additionally as an outreach technique; it also helps to intensify the cohesiveness of those already in the group by strengthening their interpersonal ties and their feelings of identification with the group, and it helps keep them informed and alert to upcoming events. Another technique serving the outreach function is a hotline, which the group may wish to set up to offer a "listening ear," information, and referrals to parents of drug abusers.

Raising Funds

7. Fundraising. While it is conceivable that the group may become self-sustaining simply by imposition of regular dues, occasions may arise that require some additional or unexpected expenditures, or dues may be too great a burden on the membership. For needed monies, activities such as bake sales, plant sales, car washes, or a community dance may be organized.

Getting Community to Help

8. Constructive Activities for Youths. Another area of activity may comprise attempts to learn of community organizations providing constructive alternatives for youths, in the hope that if youths can be encouraged to avail themselves of healthy activities, these will become substitutes for drug abuse and other delinquent behavior.

9. Recognition. Recognition events for children and youths can be planned by the group, which may coordinate with the agency in arranging festivals, sports events, and other special events to give parents and their children pride in the young people's achievements.

MAINTAINING THE GROUP ORGANIZATION

STAGES OF GROUP DEVELOPMENT

Group's Stages of Development

The worker should be aware of the stages of group development experienced by most groups, since this may help the worker to assess the group's functioning. Generally, groups go through the following stages of development (Tuckman 1965) or "life phases":

1. Forming stage, marked by testing and dependence, as members strive to orient themselves and search for meaning.

2. Storming stage, during which members struggle to resolve intergroup conflicts and struggles for dominance.

3. Norming stage, during which group cohesiveness emerges and members begin to work toward resolution of mutual concerns.

4. Performing stage or mature work group, marked by functional role-relatedness and insight into problems of mutual concern.

The first two stages will require more involvement by the staff person in both maintaining the group and attempting to help it become cohesive.

PERPETUATING MEMBERSHIP

Turnover

New Members

The membership of a self-help group is not expected to be static. The group is likely to receive recurrent requests for entry from prospective recruits. Provision should be made for easing the entry of new members into an established group. If brochures have been printed, these may constitute useful and instructive material for recruits. Newsletters serve this function as well. In some ways the newcomer to an established group receives benefits that the pioneer members did not: The group, having successfully survived, has eliminated by trial and error unsuccessful techniques and activities and has retained those most efficiently fulfilling its goals. The newcomer's entry may be easier because he or she profits from others' experiences. On the negative side, however, the newcomer is entering a group that may have already coalesced. It is therefore important that a committee or a given individual be responsible for orientation and help to make the new member feel comfortable as quickly as possible.

"Dropouts"

In addition, some members will, for a variety of reasons, drop out of the group. Dropout usually occurs in the early stages of membership after the first or second meeting. If dropout occurs, the worker could find it beneficial to have some followup with these members, to determine the reason(s) for their separation. Such followup may be directed at encouraging members to return to the group or to consider other referral sources that may more appropriately meet the members' needs.

"Graduating" Members

Additional turnover may result from the "resignation" of some members, perhaps because they are leaving the area or because the needs that drove them to join the group have changed or have been met. (For example, their children may have "graduated" from susceptibility to drug problems.) However, many of these parents are likely to remain with the group. They may decide to stay on, even after their children are no longer involved with drug abuse, and may become valuable assets to the group by providing necessary continuity for the group and guidance and orientation to new members. Other parents, after resolving their own emotional problems relating to their children's drug abuse, may arrive at a stage of wishing to work in areas of prevention and social action. They will be ready to move out, either to join other already existing groups that stress social action, or to organize activities emphasizing community action. Since parent

members of the original self-help group may or may not reach the "moving out" stage, or may reach it at different times, there will in all likelihood be a continuous movement of some parents "graduating" from the earlier group.

Size

Optimal Number of Members

Although membership of groups stressing social action may be as large as 100, self-help groups focusing on the well-being of their members seem to function best if they are not allowed to grow too large, i.e., beyond about 10 members. Increasing group size seems to curtail the degree of intimacy and friendliness members feel for one another, the opportunity and freedom to speak up at meetings, and the chance to take leadership positions. A larger group is also more conducive to the formation of cliques, possibly as an outcome of the unwieldiness of social/verbal interactions. Moreover, some members may feel intimidated at the prospect of speaking up in a large group. It is important for members of self-help groups to feel they can confide private matters to the group without fear that their secrets will be broadcast throughout the community; a large group may exacerbate this fear and create reluctance to share intimacies.

Formation of Offshoot Groups

If potential recruits would be otherwise excluded on the basis of the group's growing too large, the formation of a second group should be considered and a mechanism created to coordinate the two groups. This may be done by having the worker act as adviser to the new core group, with possible help from one or more core members of the original group. Their experience with the "nitty gritty" of organizing a parent self-help group should contribute to limiting trial-and-error activity in the new group.

Expanding Recruitment Resources

Recruitment Techniques

One promising technique for augmenting the membership in the early stages of a group is to have prospective recruits contacted by those originally enlisted. Although this process may create a group in which all members are already acquainted and share many characteristics (such as common socioeconomic background and similar interests and opinions on issues of concern), this is probably an inevitable outcome of recruitment procedures, and is desirable in the early life of the group in the interest of common experiences and needs, shared goals, etc. But such homogeneity may result ultimately in a static group, lacking the lively and productive interchanges conducive to progress, a type of group that can degenerate into a mutual commiseration society, or whose meetings can become little more than coffee klatches. It may therefore be desirable for groups past the initial stage to strive for some increase in heterogeneity among members.

Varied Background of Members

Members at different stages of coping with their children's drug abuse, and with some variety in background, experience, and opinions, will insure a group with greater breadth of ideas and a broad base of knowledge and experiences for participants to draw on in learning from one another. But great extremes of variation and disparities should be avoided since they may result in a group with little cohesiveness, whose members, lacking common ground, find it difficult to reach agreement and to work together.

Thus, the network of personal contacts linking one recruit to another can serve as one possible source of members, and should be augmented by workers actively seeking out prospects unknown to one another.

Composition

Group's Appeal to Single Parent

In terms of recruitment, the self-help group may be particularly attractive to single parents because of their particular kinds of problems: They are more alone with their problems, they may be more likely to blame themselves for their children's difficulties, they may have more difficulty communicating with unlike-sex offspring, less supervision of children may be possible, their children may have more hostility toward that single parent, particularly if he or she is dating, and the children may also be coping with additional guilt or sorrow regarding the "missing" parent.

Parents Who "Deny" Problem

Beyond the early stages of recruitment of members from among parents of youngsters at the service agency, recruitment efforts may be directed toward less obvious candidates, for example, those parents whose reaction is the most uncommon one of denial that a problem exists. This is sometimes found to prevail for the first year or two of an offspring's drug involvement. These parent recruits will not have children at the service agency and may have to be sought out in the belief that participation in the group could well benefit them (and also their children), but that they are unlikely to join on their own initiative. They may have to be brought "out of the closet" by other members who know them.

PERMANENT STRUCTURE

Formal Structure of Group

The need for formal structure may not arise for some time. The group may function to its members' satisfaction with only loose or informal structure. But if and when members decide to take steps toward formalization, an early step in the process of achieving this goal may be the preparation of a statement of purpose for this group, tailored to the specific needs and goals of its membership. In its path toward creation of a more permanent structure, the membership may find it helpful to examine the organizational structure of other self-help groups. Some description of desired administrative structure may follow, particularly in terms of the kinds of leadership needed or wanted. An informal leadership may have evolved in the form of a steering committee before a concrete statement of the planned structure has occurred; if the members agree that this form of leadership is successful, it may simply be adopted more formally. It is quite probable that a steering committee could continue to direct the group effectively. In fact, for the small groups proposed here, this may be preferred over any more structured leadership.

Member Leadership

Provision may be made for periodic rotation in leadership and/or collective leadership, i.e., the distribution of power among several different positions. A steering committee should meet between regular group sessions for the purpose of planning and implementation. However, care must be taken to avoid confronting members with committee decisions; that is, limits should be placed on the extent and number of issues that can be decided without membership discussion.

Some groups may prefer to elect a governing board of officers, rather than using a steering committee. Here, too, care must be taken to insure that the group does not commit itself prematurely to "unproven" leaders. Moreover, precautions must be taken to insure that too much power and decisionmaking authority is not given to the executive board.

By-Laws

Once the elements of the group's structure seem to be stabilizing, the members may be ready to commit to paper some formal bylaws, which will function to define their own limits, and also to describe the group to new and prospective members as well as to outsiders.

COURSE AND CONTENT OF MEETINGS

Fixed Time and Place of Meetings

Some decisions should be reached as to location, time, and length of meetings, as well as the general sequence of events constituting meetings. It is preferable that location and time be stabilized as soon as possible so that members may plan their own schedules accordingly and will be less likely to skip meetings. In attempting to develop members' sense of commitment to the group, it is necessary that members be able to achieve a balance between keeping up participation in meetings and avoiding becoming overloaded with demands for project activity (which may compete with other demands on their time and thus cause resistance). It is important that the entire membership should continue to meet regularly, at least every 2 weeks. The concerns and anxieties that drew members to the group may require frequent and regular meetings to provide the support upon which members depend; delaying this support for longer intervals may cause members to drop out. As projects develop and committees or task forces of members undertake their execution, subgroups (project committees) may meet more or less frequently for purposes of their own coordinating activities.

Meetings of Sub-Committees

Content of Meetings

A program committee may be organized fairly early to consider the content of meetings. In initial stages it may simply suggest topics and activities to be considered each week. During this period, a majority of time at meetings is likely to be devoted to identifying the group's needs, and at these discussions participants should be encouraged to express what they would like to gain from the group. Clarification of needs could logically lead to considering possible self-help activities that will serve those needs. Eventually, after soliciting suggestions from the membership, the committee may design a long-range plan for content of meetings, to include a variety of activities. It may be decided to have individuals on the program committee draft the specific agenda for meetings several or more weeks in advance, subject to approval by the group. Every three or four meetings might well be planned to include allocation of time for a speaker, for "topic-less" discussion during which the members may have opportunity for free ventilation of problems, emotions, grievances, etc., and for regular and fairly frequent progress reports by committees and individuals on their projects and activities, both to keep the members informed and also to provide feedback and reinforcement to those pursuing the activities.

SELF-EVALUATION

Critical Self-Look

Provision should be made for periodic self-evaluation; that is, the group should plan regularly to look critically at its work, structure, purposes, and goals. This should probably be done at least annually in fairly well-established groups, and even sooner should the operation of the group indicate that a review of its functioning is needed.

Members should also realize that turnover rates will determine the frequency of self-evaluation. During periods of rapid member turnover, the group may need to reassess its goals and purposes to insure that the needs and expectations of members are being met. Moreover, the addition of new members may require some self-evaluation as both the newer member and the group seek to identify areas of common concern.

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APPENDIX I
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APPENDIX II
GROUPS AND ORGANIZATIONS FROM WHOM ADDITIONAL INFORMATION IS AVAILABLE

Anne Arundel County Drug and
Alcohol Program
Room 422, Arundel Center
Annapolis, MD 21401

DeKalb Families in Action, Inc.
3845 North Druid Hills Road
Suite 300
Decatur, GA 30033

National Drug Abuse Foundation
6500 Randall Place
Falls Church, VA 22044

National Self-Help Clearinghouse
33 West 42nd Street, Room 1227
New York, NY 10036

PRIDE (Parent Resources and Information
on Drug Education)
Georgia State University
University Plaza
Atlanta, GA 30303

Tough Love
P.O. Box 70
Sellersville, PA 18960

National Federation of Parents
for Drug-Free Youth
9806 Dameron Drive
Silver Spring, MD 20902

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